Idaho Council on Children's Mental Health

Community Report
November 2005

IDAHO SYSTEM OF CARE

BUILDING ON EACH OTHER'S STRENGTHS.

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Introduction

Children affected by serious emotional disturbances (SED) often find themselves involved in multiple systems, such as juvenile probation and mental health services. In a system of care, agencies and community organizations work together as one system, focusing on child and family strengths. Services and supports in a system of care range from mental health services to recreational programs and are supported by guiding principles (Figure 1). The state of Idaho continues to build an infrastructure (Figure 2) for our system of care so that children can thrive in their own communities.

The Idaho Council on Children's Mental Health is pleased to provide the 2005 Community Report on Children's Mental Health. The Report provides the status and accomplishments of the Idaho System of Care, including the Idaho Council on Children's Mental Health, children's mental health councils, child-serving agencies, Federation of Families for Children's Mental Health, State Mental Health Planning Council, and the Tribal Coordinating Council.

What is SED?

A serious emotional disturbance (SED) includes a range of behavioral and emotional disorders severe enough to limit or interfere with a child's ability to function in the family, school, or community.

Figure 1: Guiding principles for systems of care

- Families are full participants in service planning
- Services and supports are family centered
- Access to comprehensive services for children, including social, emotional, and educational
- Services should be provided in the least restrictive and normative environment
- Early identification and intervention is promoted
- Case management provides service coordination to meet changing needs of families and children
- Children with emotional disturbances are served in a manner that sensitive to cultural needs and differences

Reference: Building Systems of Care A Primer. Author: Sheila A. Pires (2002)

THE IDAHO COUNCIL ON CHILDREN'S MENTAL HEALTH (ICCMH)

The Idaho Council on Children's Mental Health (ICCMH) is the governing body for the Idaho system of care. It is an executive level board established by an executive order in 2001. The Council is chaired by the Lt. Governor and has appointed members from the Governor's office, Departments of Health and Welfare, Juvenile Corrections and Education. Other members include a parent, county commissioner, and representatives of the legislature, judicial branch, children's mental health service providers, Federation of Families, regional councils, tribal coordinating council and the Hispanic community.

The ICCMH encourages members to work toward System of Care goals in several ways. Formal agreements among child serving agencies are designed to meet standards of cultural competence, family involvement, and evidence based practice. In addition, the Idaho Council on Children's Mental Health endeavors to monitor the outcomes of children with SED and their families. Lastly, the ICCMH is beginning to review expenditures to assure that funding is used appropriately.

As the governing body for the system of care, the ICCMH is invited to provide an Idaho System of Care status report to the Joint Finance and Appropriations Committee during the 2006 legislative session. The report will include progress on the Jeff D. Court Implementation plan.

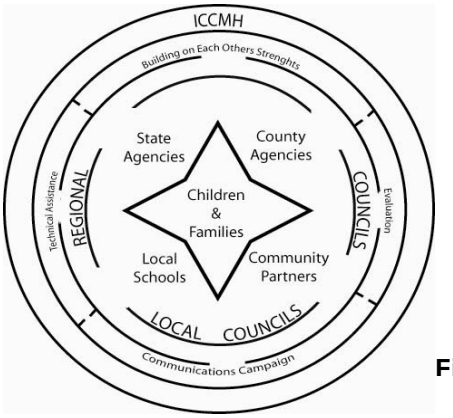


Figure 2: Infrastructure for Idaho System of Care

ICCMH Accomplishments

The Idaho Council for Children's Mental Health adopted the Business Practice Model in 2005. The Business Practice Model was created by council members who wanted to have a standardized way of helping families across the state. In an effort to implement the business practice model, Idaho's system of care adopted the Wraparound approach.

"Wraparound" is a practical way to capitalize on community compassion in organizing resources to support children with SED and their families.

Services and support are pulled together for families affected by serious emotional disturbances, and are based on strengths of the family. They may include piano lessons, special help for an emotionally disturbed child, or transportation to work for a parent. Families meet with professionals in order to determine their needs, with a Wraparound Specialist to facilitate the process. This practice works in many other systems of care throughout the country.

The Idaho Council on Children's Mental Health supports the wraparound process. The Department of Health and Welfare provides eight Wraparound Specialists throughout the state and updates the ICCMH at the monthly meetings regarding the status of the families served in the wraparound process.

REGIONAL COUNCILS

There are seven regional councils located across the state and a tribal coordinating council. Each regional council serves a geographic area corresponding to one of the seven Department of Health and Welfare service delivery areas. Regional council membership varies based on the number of local councils in the geographic area and number of community partners willing to participate in the system of care. Typically, regional council members include parents and representatives from the

local councils, child serving agencies, and other community partners such as businesses, faith-based organizations, and the judiciary.

Regional councils provide a critical link between community-based local councils and the ICCMH through their regional chairpersons. Chairpersons identify community successes, challenges and create possible solutions at monthly meetings. These solutions become recommendations for the ICCMH. Regional councils also communicate statewide policies and plans from the ICCMH to the local councils.

Regional councils receive a limited amount of flexible funding to support family involvement and regional/local council activities. Community-based groups wishing to start a local council are granted a charter from the regional council in their region.

The tribal coordinating council represents the six tribes of Idaho: The Kootenai Tribe of Idaho, The Coeur d'Alene Tribe, The Nez Perce Tribe, The Shoshone-Paiute Tribe, The Shoshone-Bannock Tribe, and the Northwestern Band of The Shoshone Nation. The purpose of the Council is to improve service availability, coordination, and delivery to children with serious emotional disturbances and their families within the system of care.

LOCAL COUNCILS

Local councils are a focal point in the communities for identifying community resources, outreach and service planning. Local councils work with Wraparound Specialists. Wraparound Specialists work with children and families affected by serious emotional disturbances to create and implement a coordinated, comprehensive care plan. There are more than 30 local councils statewide.

Number of Families Served by Local Councils
(Fiscal Year 2005- 7/1/04 to 6/30/05)

Local Councils	Unduplicated Number of Children/Families Served	Unduplicated Number of Children/Families Staffed	Unduplicated Number of Children/Families involved in the Wraparound Process
Region 1	47	47	3
Region 2	52	49	5
Region 3	18	12	8
Region 4	31	31	0
Region 5	116	40	0
Region 6	14	14	2
Region 7	95	71	5
Total	**373**	**264**	**23**

Councils facilitate community collaboration through training and community outreach. These activities include community fairs, public education, and more.

Highlights from the Field

Region 1- The regional council is partnering with the Idaho State Police Department and FBI to help children. Reports of predators on the web led the regional council to provide information on mental health and internet security for schools. The council is partnering with the local police department to provide internet safety manuals for every school open house in one county.

Region 2-The regional council is hosting Michael Clark, national expert on strengths-based practice in October. The training provides insight on strengths-based assessments for professionals, parents, and community members. The Department of Juvenile Corrections assisted in providing funding for the event.

Region 7- A group of young people created the 'Friends helping Friends' campaign to fight stigma in their community. They wanted to increase public awareness and teach the community about mental health. In collaboration with the local school district, regional mental health council, and other community members, a campaign was created. Strategies included school assemblies, a community fair, and a town hall meeting. More than 300 students, community members, and agency representatives attended the events.

TRIBAL COORDINATING COUNCIL

The Council meets monthly with case workers, parents, program coordinators, and other community partners. Recent activities include a workshop presentation at the System of Care conference in May and a workshop at the 2005 Indian Child Welfare Conference.

The council also collaborated with the Nez Perce Children's Home to provide mental health screening upon admission. The Children's Home offers protective custody to children who are removed from their home.

GOALS FOR THE IDAHO SYSTEM OF CARE

<u>Goal 1</u>: Develop system of care for children with serious emotional disturbance (SED) and their families.

We envision a parent driven, family focused, collaborative community care system for children with mental, emotional and behavioral disorders and their families. Parents are valued and are comfortable about accessing a full array of services in their own community. The array of services are individualized, coordinated and integrated to meet the family's cultural and linguistic needs. No matter which point of access parents enter, they are involved in the assessment, planning, implementation and evaluation of the treatment goals necessary to support their child and family.

Goal 2: Provide a broad array of mental health and other related services, treatments, and supports to children with SED and their families.
We envision the most appropriate services are available at the local level to meet the needs of children with SED and their families.

Goal 3: Evaluate the effectiveness of the system of care and its component services.
We envision parents, youth, service providers, and administrators all understand and value the importance of using program effectiveness data for making decisions leading to systems improvements.

Goal 4: Involve families in the development of the system and the services, and in the care of their own children.
We envision families, youth, system providers, and policy makers working together in teams with a focus on doing - whatever it takes - to continuously update and improve the system of care to meet the needs of children with SED and their families. Families are supported, encouraged, and acknowledged for their expertise and experience with their child and that they are respected for doing the best that they can in the efforts that they make with their children.

Goal 5: Use cultural competence approaches for serving children and their families from minority racial and ethnic populations in the community.
We envision that children identified as having SED and their families, throughout the state, will have equal access to high quality services delivered in an environment that respects and honors diverse cultural values and language differences.

System of Care Progress at the Local Council Level

This report summarizes information collected from local children's mental health councils throughout the state of Idaho. The report compares program year data for 2003 and 2004. Twenty four sites were available for interviewing in 2003 and 28 in 2004. Nine of the councils in 2004 were new sites that began operations after January 2004. Four of the 2003 sites were not available. All available sites were interviewed both years using the same interview protocol and the same interviewers.

The interview protocol is based on the five Hallmarks of a System of Care (Pires, 2001). Progress from emerging to accomplished is on a scale of 1-5, with "1" as emerging and "5" as accomplished. The Hallmarks and the rubric used for scoring the interviews are shown below:

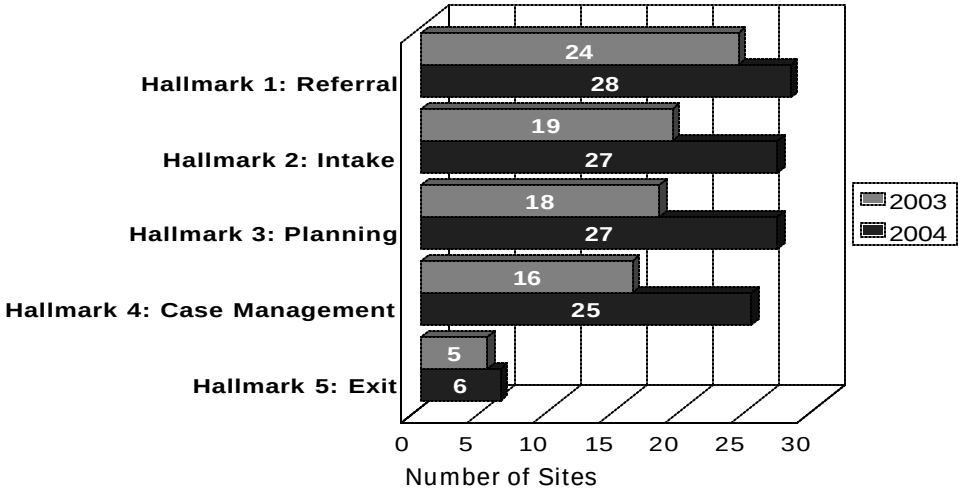
Hallmark	Level of Current Application in Relation to Hallmarks		
	Emerging	Growing	Accomplished
1. REFFERAL AND INTAKE: Services driven by needs/preferences of child/family using their strengths; Area of Focus:	Service provider without parent input brings case to council to discuss needs related to clinical diagnosis and on-going problems.	Service provider meets individually with parent to explain council and get permission to take case before council. Parent is invited to attend.	Service provider or other person and parent advocate prepares parent to visit council to discuss resources, needs and

			goals based on client wishes.
2. INITIAL STAFFING: Family involvement is integrated into all aspects of service planning and delivery.	Individual service provider works with family to elicit family needs/treatment needs.	Service providers collaborate to assess needs and brainstorm solutions; parents receive information but are not part of decision making process.	Parents lead discussion about needs and choose which actions will be supported by the council.
3. PLANNING: The locus and management of services are built on multi-agency collaboration and grounded in a strong community base.	Individual service providers plan services for clients in relation to agency requirements.	Individual service providers create a menu of services available for a particular client in relation to agency capabilities.	Parents, service providers, and community persons create services based on family/client needs and resources available from multiple sources.
4. CASE MGT. A broad array of services and supports is provided in an individualized, flexible, coordinated manner and emphasizes treatment in the least restrictive, most appropriate setting.	Client experiences services from individual agencies, each of which may have an individualized plan for the family. Service providers follow agency protocols in providing services.	Client experiences services from multiple agencies who share a common plan. Service providers coordinate services according to agency protocols.	Client experiences services in relation to goals set by family. Service providers blend available resources with community resources to meet on-going and evolving needs of clients.
5. EXIT: The services offered, the agencies participating, and programs generated are responsive to the cultural context and characteristics of the populations served.	Intervention has reduced symptoms as measured by individual agency guidelines.	Intervention has helped client be accommodated in multiple settings.	Intervention has helped client be successful in multiple settings.

Implementation of the council process is developmental. As councils are formed, they begin operations at the referral stage and then proceed to develop strategies for managing intake, planning and case management services.

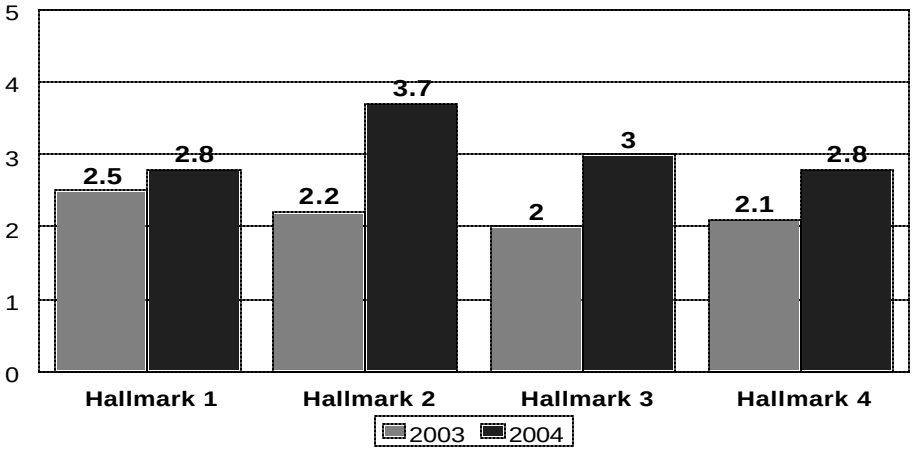
The following chart shows the number of sites providing data in each of the Hallmark areas. It is noticeable that the developmental aspect of implementation was mostly true during the first year, but the second year saw newer sites proceed to higher stages of development within the first year. It is likely that statewide training, implemented February 2004, made the difference. The exception is the area of Exit from the councils. Many of the families served have complex needs requiring more than several months and sometimes years of support.

Chart 1: Number of Sites Reporting Activities at Different Hallmark Stages



The effectiveness of statewide training can also be seen in the following chart. Chart 2 compares the profiles of sites on Hallmark 4 for both years. The data shows that councils started in 2003 reached lower levels of implementation, as measured by the SOC rubric, than those in 2004. This finding is not meant to detract in any way from the efforts put forth by councils beginning in 2003. Rather, it was at least partly the sharing of experiences during regional trainings that helped newly forming councils overcome some of their startup difficulties.

Chart 2: First Year Startup Comparisons

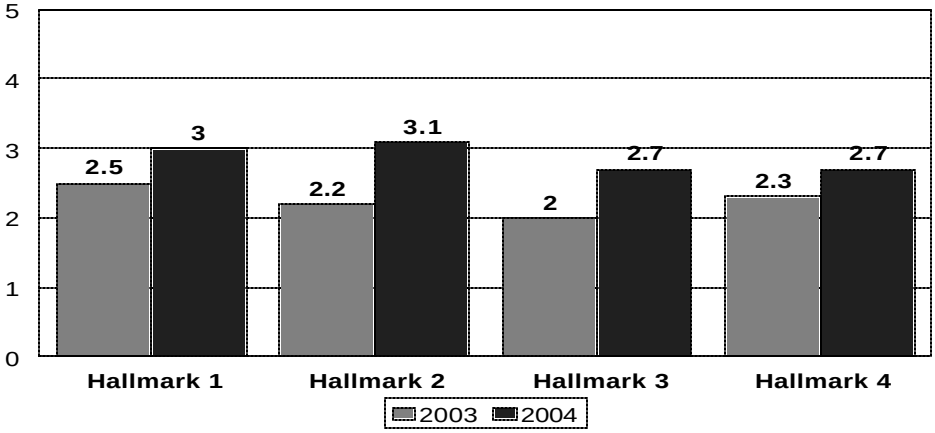


Average out of 5

2003 sites (n=average of 19)
2004 sites (n=average of 11)

Councils starting operation during the 2003 program years continued to grow and development during the second year of operation. Chart 3 below shows significant differences in average scores on three of the four Hallmarks, using a pre (2003) and post (2004) paired analysis.

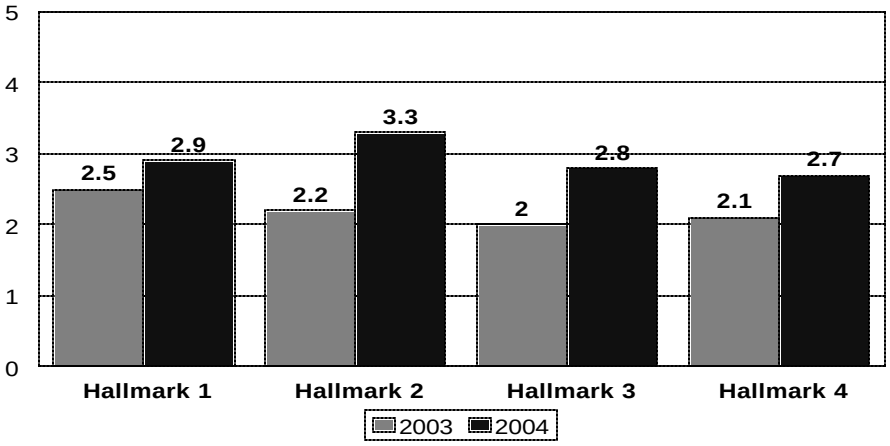
Chart 3: 2003 Sites Pre and Post Comparison



Average out of 5 *n=13*

Interview data collected and analyzed for this summary indicates that Idaho is progressing toward full implementation of a system of care. Chart 4 shows the statewide comparison from 2003 and 2004 in four of the Hallmark areas. Progress was also made on Hallmark 5, program exit, but only 6 sites are currently at this level of implementation.

Chart 4: Statewide Whole Group Pre-Post Comparison



Average out of 5

2003 (n=average of 19)
2004 (n=average of 27)

Statewide Comparison for Hallmark 5

5. EXIT: The services offered, the agencies participating, and programs generated are responsive to the cultural context and characteristics of the populations served.	Intervention has reduced symptoms as measured by individual agency guidelines.		Intervention has helped client be accommodated in multiple settings.		Intervention has helped client be successful in multiple settings.
Rating scale ®	1	2	3	4	5

2003 average (n=5)	1…….1.4……..……..5 ⇑
2004 average (n=6)	1…….1.8……..……..…..…..……..5 ⇑

Data reflects the following changes in System of Care implementation during the 2004 program year:

- Referral to councils moved from service providers in general acting on behalf of families to service providers conferring with families prior to council staffing.
- Initial staffing in councils went from individual service providers collecting needs assessment data from families and bringing that data to councils to service providers collaborating around the needs of individual families, and making families a part of the collaborative needs assessment process. In many cases, councils no longer make staffing decisions unless a family member is present and actually leads the process.
- Planning for treatment moved from service providers relying on agency protocols for planning decisions to providers putting potential services on the table as a menu of options for families to choose from.
- Case management services moved from individual agencies providing services according to their individual agency plans to families receiving services from different agencies according to one plan coordinated by the case manager or council.

The process of implementing a system of care (SOC) in the state of Idaho has been furthered during the past year by a systems wide training approach that has provided information around SOC principles of practice and clarity on the expectations of how a SOC functions. Important in this process has been the adoption of a practice model designed by the Regional Council Chairs. The act of bringing the Regional Council Chairs together to create a unified vision has no doubt influenced the finding of this evaluation. However, that unified vision will likely be more significant during the 2005 program year as Wraparound is implemented statewide.

Impact of Wraparound on Councils

The Wraparound process has impacted the roles of regional and local councils. Many council members who once staffed families want to know how they can serve families and children in their communities along with the Wraparound specialists.

In order to answer these questions, System of Care staff facilitated June-July leadership meetings. Each meeting took place over a two day period and was attended by parents, council members, Department of Health and Welfare program managers, newly designated wraparound specialists, representatives from the Departments of Juvenile Corrections and Education, the Idaho Federation of Families staff, and other community members.

Highlights of the meetings included comments from the Lt. Governor and top Department of Health and Welfare administrators thanking everyone for their dedication and commitment to serving Idaho's children and their families.

Attendees discussed the integration of the wraparound model into current child and family mental health services as well as council procedures.
The meetings were facilitated through a small group discussion format. Questions about implementation of the wraparound process were posed and each group (typically organized around regional locations in the state) contended with possible answers. These ideas were then recorded by staff for general discussion and consensus. Specific questions pertained to the integration of the wraparound process into all communities, roles and responsibilities of the wraparound specialist related to local councils, and barriers to full implementation.

Consensus building was evident by agreement about local councils as linkages to community resources, and wraparound specialists as taking the lead in empowering families with information and education, including how the system can work best for them. All agreed that Idaho needs a system that is standardized and flexible, and that local ownership and volunteers are crucial to the process.

Some of the proposed roles for Regional and Local councils include:

Regional Councils
- Identifying and communicating successes and challenges to the Idaho Council on Children's Mental Health
- Reviewing council charters regularly
- Providing oversight to local councils
- Administering Flex funds

Local Councils
- Assisting Wraparound Specialists in identifying community resources
- Designing and implementing programs to reduce stigma
- Influencing policy in their communities
- Working with the Idaho Federation of Families to increase family involvement in the system

Wraparound Specialists
- Working directly with families
- Supporting recruitment of families for system of care evaluation
- Maintaining case records

All Wraparound specialists are Health and Welfare clinicians with Master's level education per agency requirements.

With the goals of the meetings met, only after much discussion and debate, all adjourned to begin the wraparound implementation process in earnest. Councils and Wraparound Specialists continue to refine the roles. As one participant noted

"We're on the good road to reaching and effectively helping families with the greatest need; let us all continue the journey together."

Statewide Wraparound Training

Mary Grealish, national Wraparound expert, trained twenty-five individuals in March 2005. Participants serve as statewide trainers and Wraparound Specialists. Training is being provided to regional/local council members and anyone participating in Wraparound teams.

In addition, System of Care staff provided a four-hour Wraparound training session at the 2005 System of Care conference.
Beginning June 2005, a training academy for new Department of Health and Welfare mental health professionals includes a 4 hour session on the wraparound process. Three academy sessions have occurred so far.

Results from train the trainer's sessions are positive. A total of fifty participants in two separate trainings indicated a significant difference in their thinking after the Wraparound training sessions. They agreed that they would consider family and child strengths as more important in the future, and could see mental health services in a new family-centered way.

Federal Site Report

The Idaho System of Care receives funds through the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. This funding source requires site visits during the six year cooperative agreement period. The first visit was May 2004. The federal project officer and team determined that a return visit was needed in 2005. Key findings from the May 2005 visit are listed below.

Strengths of the Idaho System of Care:

- Adoption of the Wraparound curriculum
- Local and regional council planning has taken place
- Technical Assistance and social marketing plans lend to sustainability
- The Idaho Federation of Families is working with the National Alliance for the Mentally Ill
- Families are involved in wraparound training

Recommendations:

- Proceed with statewide strategic and sustainability plans
- Ensure that Family Support Specialists are involved with family enrollment into the System of Care
- Evaluation of family involvement in all levels of the system of care

- Statewide implementation of a system of care to serve the anticipated number of families

Idaho's system of care is working on the recommendations. For example, a national facilitator will lead the system of care in strategic planning. The next site visit will occur in 2006.

A family finds hope

Even with no prior experience in child rearing, Mary* felt something was wrong with her son from the very beginning. By the time Jacob* was old enough to enter preschool, his frequent violent outbursts left Mary's legs black and blue. When he told his mother he wanted to die, Mary and her husband made the decision to get help. A psychiatrist diagnosed their son as having a mental health disorder and advised a treatment plan that included medication.

The boy's condition remained a source of concern, even with the diagnosis. An attempted suicide at age nine landed him back at the hospital. It was during his hospitalization that Mary and her husband learned about the system of care.

A member of the local children's mental health council contacted Mary and her husband and encouraged them to attend a council meeting to learn what could be done for their son. They agreed, and not long after that initial meeting had a treatment plan. The plan included counseling, special support at school, and most importantly, access to information about additional services and support available to their family.

Jacob has been free from hallucinations for more than six months and is able to participate more fully in school and family life. From Mary's perspective, the Idaho System of Care is responsible for his turn around. "We were so frustrated," Mary says, "and then we went through the system of care interview and they said, 'You don't have to do it alone, we'll help you,' and all we could say was an emotional, 'Thank you.'
**names changed*

Learning Opportunities

Annual Statewide Conference

More than 300 community members attended our annual statewide System of Care conference, May 1-3, 2005. Emphasis was placed on increased youth and family participation as well as cultural competency. The pre-conference reception helped to increase attendance by providing a ropes challenge course and cross-cultural entertainment. For the first time, the conference included a youth track, led by the state youth involvement coordinator. This track provided information on mental health for youth, and therapeutic art classes. Interpreters, including sign language were provided throughout the conference.

A Staff Development Advisory Group planned the conference. Membership consisted of family members, representatives from the Idaho Federation for Families, children's services staff, Idaho Child Welfare Research and Training Center, Infant and Toddler program, State Department of Education, Substance Abuse, Medicaid, and Juvenile Corrections staff participated in meetings as well. Members from the Idaho Tribes and Hispanic population were invited to participate. The advisory group created topics and other conference activities.

Evaluation results from the conference were excellent. Ninety-seven percent of those completing an evaluation indicated they would return for the conference next year. The conference achieved high ratings for increasing knowledge of current research, evaluative techniques, and evidenced based practice to benefit children with serious emotional disturbances.

Conference Participants

Networking opportunities for parents increased and there was an improvement in knowledge and understanding of current research. Additionally, there were very good ratings in understanding community collaboration for children with mental health needs.

The system of care conference also partnered with Northwest Nazarene University by promoting their Traumatic Victimization conference in May.

Community Outreach

Idaho's system of care is making great strides in reaching the community with the system of care messages. Some of the successes for this period are law enforcement training, a new website, and training via statewide video presentations.

Law Enforcement Training

Law enforcement officers all over the state can earn continuing education credit for learning about mental health. The training session, approved by the Peace Officers Standards and Training (POST) Academy, provides information on mental health issues. Topics include:

- Personal responses to mental disorders in children and youth
- Warning signs of mental illness
- Problem-solving techniques

- How to talk with parents about mental health concerns
- How to make referrals to mental health professionals
- Knowing who to contact

In addition, a cultural competency module is part of the curriculum. Law enforcement officers are encouraged to examine the many layers of culture in their area, and their own response to cultural differences.

The training is based on a police pocket guide created by parents in Massachusetts. This interactive training includes a training video for law enforcement officers, and is in collaboration with Better Todays, Better Tomorrows (formerly Red Flags Idaho). Evaluations from the pilot training in Sandpoint, Idaho were very positive.

Statewide Video Cast

The system of care partnered with Idaho State University to sponsor a video cast, winter 2005. Cynthia McCurdy, ICCMH regional council representative, shared her experiences in helping her daughter succeed through advocacy. Trish Wheeler, Key Family Contact for the Idaho Federation of Families, informed the audience about Federation services. Kathryn Gillenwater, youth involvement coordinator, shared upcoming activities for youth. Approximately 50 people attended.

System of Care website

Information is now available to families on the web at www.idahosystemofcare.org. Families, agency partners, and community members can find,

- Local contact information
- Glossary of terms and definitions
- Success stories
- Orientation manual for councils

AGENCY & COMMUNITY ORGANIZATION REPORTS

The following reports contain information on the array of services, supports and educational opportunities pertaining to children in Idaho. Data was provided by system of care agency partners.

Idaho Federation of Families for Children's Mental Health

The Idaho Federation of Families for Children's Mental Health is the parent support network for families with SED youth. During the past year, the Federation rebuilt professional and personal relationships as services were expanded.

The Board of Directors is made up of parents from Regions II, III, IV, V, and VII, who have a youth with a serious emotional disturbance along with one youth representative. Recruitment continues for the remaining two vacant board positions.

Federation Staff

Courtney Lester, Administrative Director
Kathryn Gillenwater, Promotions and Education Coordinator
Trish Wheeler, Key Family Contact
James Sawyer, Youth Coordinator
Cindy Shotton, Administrative Assistant

New Look for the Federation

The promotions staff developed new brochures, logo, newsletters, and a marketable identity for the organization. In addition, the Federation coordinated with the System of Care to develop a new website.

There are five Family Support Specialists in the state. These parents provide parent to parent support groups, resources and referral, and advocacy in their regions. Recruitment efforts continue for the remaining two regions.

These parents make a great addition to our team and provide the experience and insight to help families in their area.

Our Regional Support Specialists are: Lisa Rivera (Region I), Barbara Hill (Region III), Nikki Tangen (Region IV), and Kristi Howell (Region VII).

Trainings and Community Outreach

Trainings are offered to families and professionals on a regular basis across the entire state. Parenting Survival Skills, Sib Shops, and "Art from the Heart" are a few of the offered classes. Art from the heart classes allow youth to express their feeling through poetry, art work, and short stories.

Location	Number of Participants in the Art from the Heart Classes
American Falls	23
Blackfoot	8
Coeur d'Alene	30
Kellogg	22
Montpelier	5
Pocatello	9
Sandpoint	22

The Federation participated in the planning of the Children's Mental Health Conference in May 2005. Along with a presentation at the conference, the Federation sponsored a pre-conference reception. Ten youth attended a track especially for them. Classes included "Everything You Wanted to Ask a Mental Health Professional", "Unmasking the Real You", "Noncompetitive Games" and "How Nutrition Connects with Your Mental Health."

The Federation also participated in the Governor's Roundtables for Families and Children and the State Planning Council on Mental Health Legislative Breakfast with a tabletop display.

Family Involvement

Family Involvement continues to be the focus of the organization. Families were sponsored to attend the May conference as well as the annual National Federation of Families conference and the System of Care conferences in Dallas and Sacramento. Parents also attended the National System of Care conference in Washington, D.C. In addition, parents are participating on local System of Care boards and committees including the Diversity Team and the Juvenile Justice/Children's Mental Health Collaboration Work Group.

Federation staff continues to be active participants of the System of Care in Idaho. The Idaho Federation of Families for Children's Mental Health contribute to many efforts to improve the lives of children by partnering with groups such as-

- Staff Development Advisory Group
- Regional Children's Mental Health Council Chairs
- Intertribal Council
- System of Care Core Team
- Wraparound team
- Juvenile Justice/Children's Mental Health Collaboration Work Group
- Suicide Hotline Board

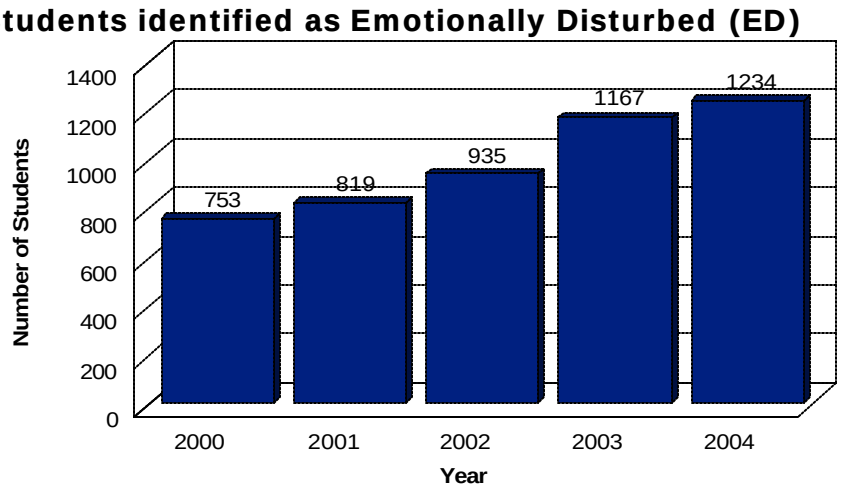
The Administrative Director represents the Federation on The Idaho Council for Children's Mental Health and the State Planning Council on Mental Health.

Parent to Parent support groups are growing in the state. The Family Support Specialists offered support groups in Rathdrum, Athol, Pocatello, Idaho Falls, Twin Falls, and Boise. Additional groups are being developed to serve the rest of the state.

DEPARTMENT OF EDUCATION

The Department of Education, through local school districts, ensures that eligible students, ages 3-21, are provided with an appropriate and individualized education under the Individuals with Disabilities Education Act (IDEA). Students must meet the eligibility requirements as a student with an emotional disturbance under the IDEA.

Data from the December 2004 Child Count:



Numbers of children identified as ED have increased due to the following factors:

1. Increased department directives and trainings on appropriate assessment and intervention for children affected by emotional disturbances for teachers and psychologists.

2. The positive behavioral supports project has increased awareness of appropriate teamwork, assessment, and intervention.

3. IDEA amendments of 1997 identify functional behavioral assessment and intervention for the ED population, and require that they are addressed within individualized educational plans.

Students with ED who have been suspended or expelled: This data was not disaggregated by disability category last year. Only one district (of 114) suspended a student for over the 10-day limit allowable under IDEA before a functional assessment, behavior intervention plan and alternate educational placement are required. All suspended or expelled students must continue to receive a free and appropriate public education.

Disputes (complaints, hearings, mediations) involving students with emotional/behavioral problems:
Since July 1, 2003, there have been no disputes for students who are ED or around emotional/behavioral issues.

Services provided to students with ED (total number 1,234, Dec. 2004) through an individualized education plan, by number of children receiving the service:

- School psychological services: 76
- School social work services: 64
- Licensed psychologist or psychiatrist: 55
- School health 12
- School counseling services: 202
- Family support (home visits, parent training, counseling) services: 49
- One-to-one aide in a mainstream school environment: 49
- Vocational services (job coach, placement): 20
- Vocational rehabilitation: 8
- Intensive behavior intervention: 75
- One-to-one aide in community placements: 14
- Title 1 services: 49
- Psycho-social rehabilitation: 68
- Community-based interventions: 3
- Emotional/behavioral interventions: 85
- Extended school year: 6
- Gifted and Talented Program: 6

Prevention or interventions for emotional or behavioral concerns:
Training sponsored by the Idaho Department of Education, Safe and Drug Free Schools:

- Student Assistance Teams
- Chemical Awareness Institute (Bullying, Anger Management, Crisis Management)
- Crisis Response Group Facilitator training
- Building Respectful Schools and Classrooms
- Aggression Replacement Training Curriculum
- Youth Leadership Summit
- Asset Building
- Active Behavior Counseling
- Prevention Program for Hispanic youth (literacy and drug/alcohol refusal skills)
- Aggression Replacement Training

Sample of Student group participant survey results:
18,954 results received – not all questions were answered
87%- Program had an overall positive effect
61%- Positive effect on school attendance
66%- Positive effect on overall school work
73%- Increased feelings of self worth
79%- Positive ways to deal with problems
87%- Program helped them stay in school (6,548 had considered dropping out of school)

76%- Have stopped or decreased use of tobacco, alcohol or other drugs (4,516 had used tobacco, alcohol or other drugs)

Health Workshops

- Teaching About Mental and Emotional Health: Strategies for the Classroom
- Idaho Healthy Kids Summit

Public Awareness Activities: Presentations on the school's role in the System of Care

- Six hour school strand for the System of Care Conference, May 2005
- Positive Behavioral Supports and the System of Care, April 2005

Department of Health and Welfare (DHW)

The Department of Health and Welfare provides a continuum of public mental health services to children with serious emotional disturbance and their families through outpatient and inpatient treatment, or in residential settings. Services are delivered primarily through contracts and service agreements with private service providers. Medicaid pays for the majority of public mental health services for children in Idaho.

The children's mental health system is guided by the Children's Mental Health Services Act (CMHSA), which places the right and responsibility to access mental health services on parents and guardians. The Department's children's mental health services are voluntary.

Children must meet the Department's target population of having a serious emotional disturbance (SED) to be eligible for services. Serious emotional disturbance is determined by a child/youth having a mental health diagnosis and impairment in their ability to function successfully in normal life areas including school, home, and in their communities. The CMHSA also allows judges to order involuntary services, but only in situations where children/youth are at immediate risk of causing life-threatening harm to themselves or someone else.

On July 1, 2005, a new law was enacted to allow the court to order the Department of Health and Welfare to provide an assessment and services in specific situations. The court can now order DHW to provide an assessment and plan of treatment for children under the jurisdiction of the Juvenile Corrections Act or Child Protective Act if the court believes the child has a serious emotional disturbance and prior services have not been effective or the child cannot follow through with orders of the court or presents a risk to self or others. Additionally, the court may convene a team to assist in the assessment and development of a plan of treatment.

A major goal in providing children's mental health services is to minimize the need for children to be removed from their homes to receive necessary care. Treatment in the family home and community environment is less disruptive and more supportive of the family as they address their child's mental health needs.

Definition of Services

Assessment

A comprehensive assessment is defined as the use of the clinical interview, psychometric tools as needed, and pertinent information gathered from the family and community that addresses safety issues, family's /child's concerns, strengths, and natural supports. The assessment is used to determine the child's mental health service needs and identify resources to meet those needs. Additionally, the Department provides suicide risk assessments and mental status exams.

Case Management

Case management is defined as a process for linking and coordinating segments of a service delivery, developing a comprehensive plan for meeting an individual's need for care.

Family Support Services

Family support services are best described as assistance to families to manage the extra stress that accompanies caring for a child with mental health needs. This service is provided to Health and Welfare clients. The main goal of family support services is to strengthen adults in their roles as parents by providing resources for transportation, family preservation services, emergency assistance funds, training, education, or other similar services.

Outpatient Care

Outpatient care is treatment that a child receives in a clinic or community setting designed to decrease distress, psychological symptoms, and maladaptive behavior or to improve adaptive and pro-social functioning. Outpatient care is funded by contracts through the Mental Health Authority and Medicaid. The children receiving services from the Mental Health Authority and the Psychosocial Rehabilitation are determined to have a serious emotional disturbance (SED). Other Medicaid services do not maintain SED as criteria for receiving the service, and therefore, the clinic option services do not reflect only children with SED. Medicaid data includes clinic option services, psychosocial rehabilitation option services, school based mental health services, Early Periodic Screening, Diagnosis, and Treatment Service Coordination and psychiatric services.

Respite Care

Respite services consist of time limited family support services in which an alternate care provider provides supervision and care for a child with mental health needs, either within the family home, residential or group home, or within a licensed foster home.

Day Treatment
Day treatment is a collaborative effort between the Department of Health and Welfare and local school districts to establish structured, intensive treatment in a school or other educational setting. The treatment is aimed primarily at emotional and behavioral interventions, resulting in decreased psychiatric symptoms and increased levels of functioning. It may include a range of services such as companions or tutors to an intensive, self contained classroom setting.

Therapeutic Foster Care
Therapeutic foster care is the temporary care of a child in a licensed foster home that is trained and supported to provide therapeutic 24 hour care for the child. The inclusion of the child's parents in the care and planning is an essential component of therapeutic foster care.

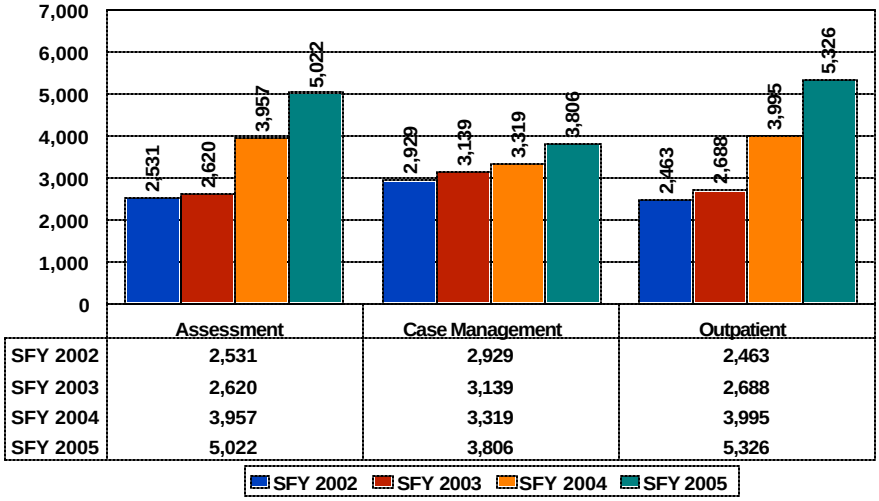
Residential Treatment
Residential care is defined as group homes and treatment facilities that provide 24 hour care for children in a licensed, highly structured setting delivering comprehensive therapeutic interventions.

Inpatient Hospital Care
Inpatient care is defined as services provided within the context of a psychiatric hospital setting. This level of care provides a high level of psychiatric and medical care and is utilized in times of potentially dangerous or high risk situations.

Crisis Response
The primary focus of crisis response services is to resolve emergency situations within the community, including homes, schools, neighborhoods, and hospitals.

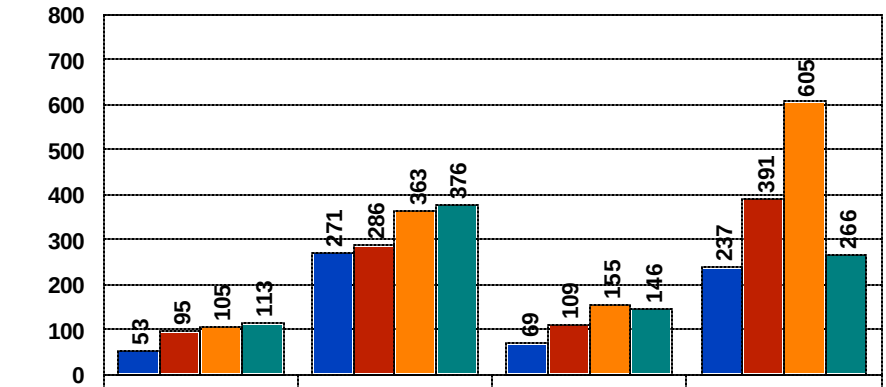
School Based Mental Health Services
Schools can bill Medicaid for services delivered to children affected by emotional disturbances. These services include psychosocial rehabilitation, individualized educational plans, and evaluation.

Services Provided for Children with SED- Numbers Served



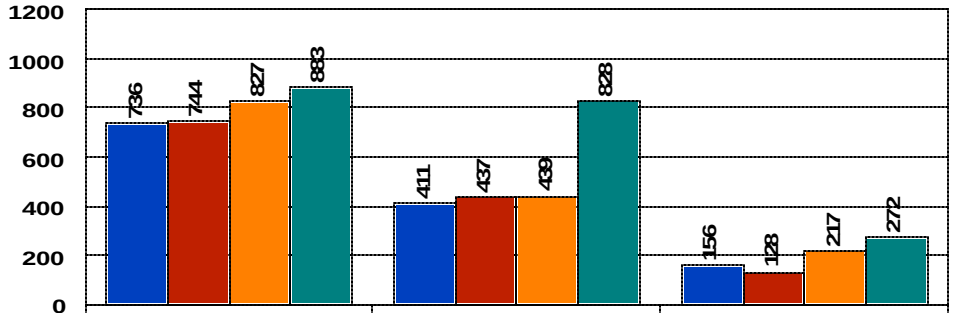
	Assessment	Case Management	Outpatient
SFY 2002	2,531	2,929	2,463
SFY 2003	2,620	3,139	2,688
SFY 2004	3,957	3,319	3,995
SFY 2005	5,022	3,806	5,326

Services Provided to Children with SED- Numbers Served



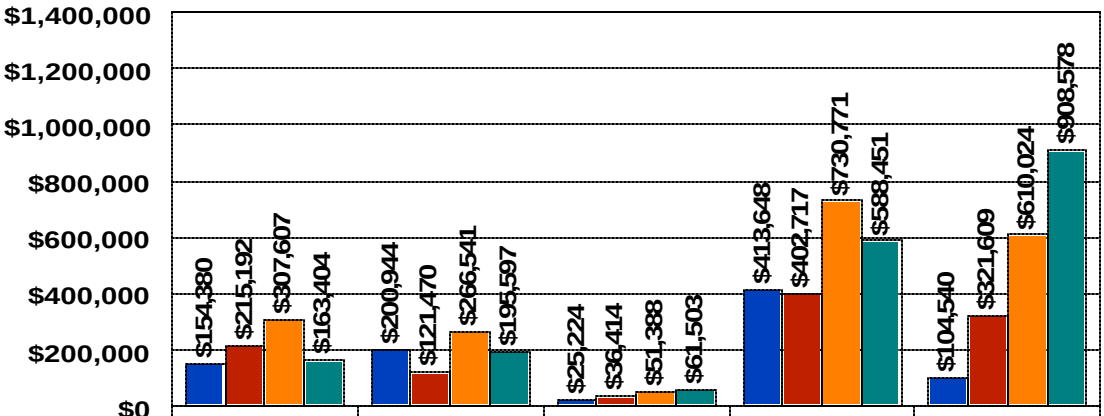
	Therapeutic Foster Care	Residential Care	Respite Care	Day Treatment
SFY 2002	**53**	271	69	237
SFY 2003	95	286	109	391
SFY 2004	105	363	155	605
SFY 2005	113	376	146	266

Services Provided to Children with SED-Numbers Served



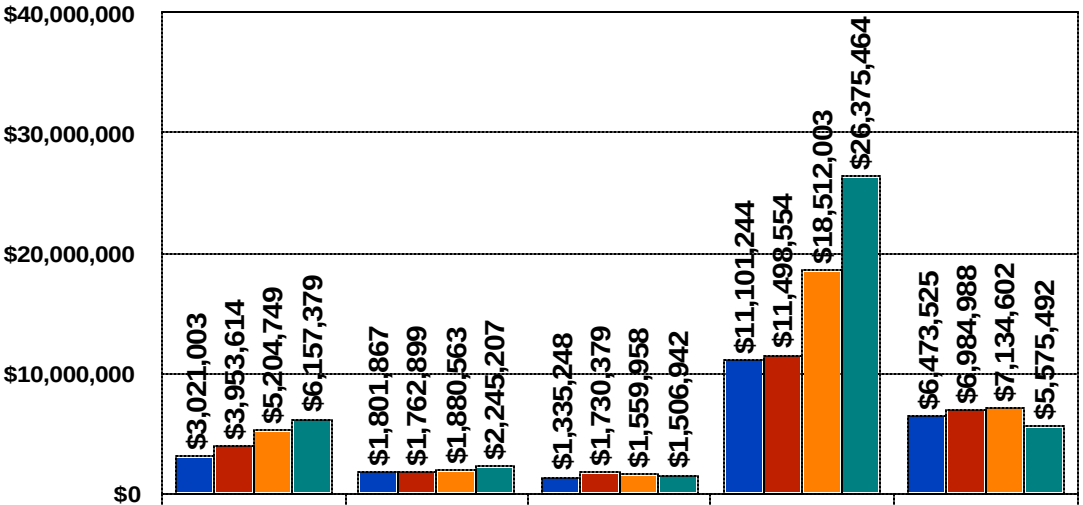
	Inpatient Hospital	Crisis Response	Family Supports
SFY 2002	736	411	156
SFY 2003	744	437	128
SFY 2004	827	439	217
SFY 2005	883	828	272

Services Provided to Children with SED- Expenditures



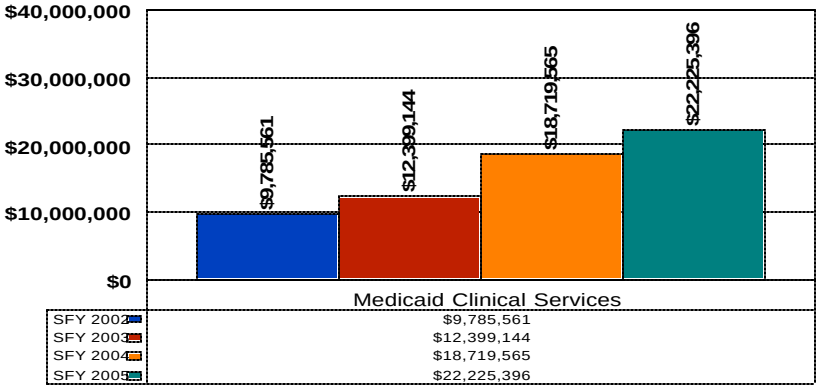
	Crisis Response	Family Supports	Respite Care	Therapeutic Foster Care	Assessments
SFY 2002	$154,380	$200,944	$25,224	$413,648	$104,540
SFY 2003	$215,192	$121,470	$36,414	$402,717	$321,609
SFY 2004	$307,607	$266,541	$51,388	$730,771	$610,024
SFY 2005	$163,404	$195,597	$61,503	$588,451	$908,578

Services Provided to Children with SED-Expenditures

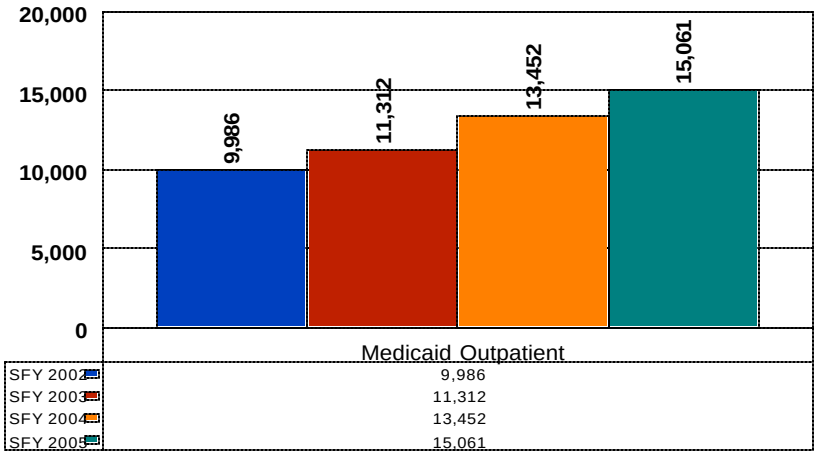


	Residential Care	Case Management	Day Treatment	Outpatient	Inpatient
SFY 2002	$3,021,003	$1,801,867	$1,335,248	$11,101,244	$6,473,525
SFY 2003	$3,953,614	$1,762,899	$1,730,379	$11,498,554	$6,984,988
SFY 2004	$5,204,749	$1,880,563	$1,559,958	$18,512,003	$7,134,602
SFY 2005	$6,157,379	$2,245,207	$1,506,942	$26,375,464	$5,575,492

Medicaid Outpatient Clinical Services- Expenditures*

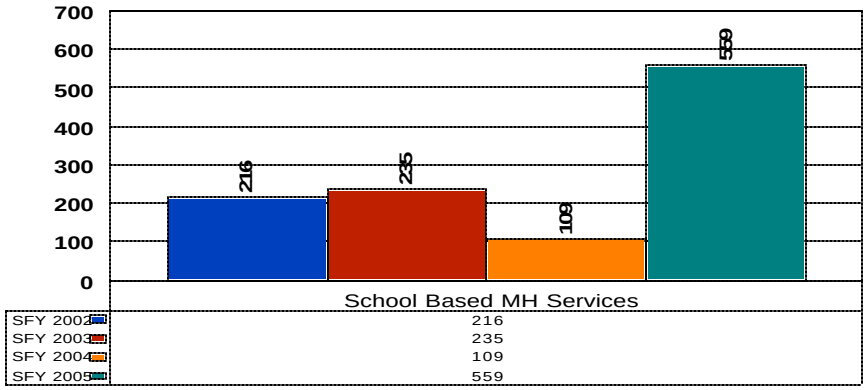


Medicaid Outpatient Clinical Services- Numbers Served*

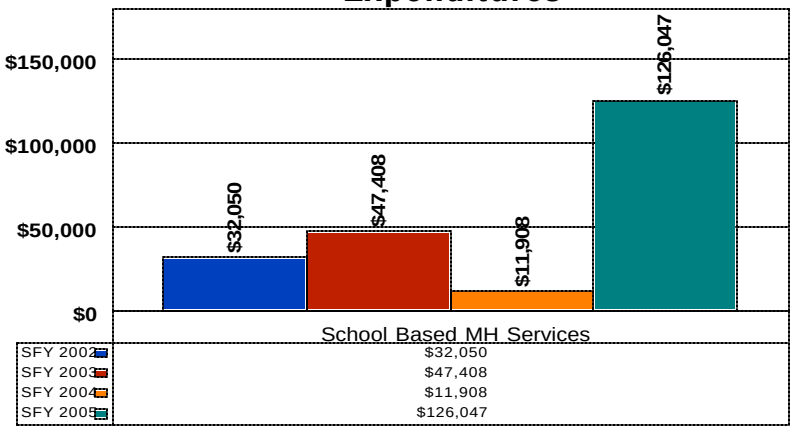


** Combined population of children with SED and without SED*

Medicaid School-Based Mental Health Services Numbers Served



Medicaid School-Based Mental Health Services Expenditures



Family Satisfaction Surveys

Families receiving children's mental health services from DHW are provided an survey every 120 days to anonymously report their perceptions of the services provided. This survey contains 19 questions regarding access, appropriateness, effectiveness of services received and parental involvement.

Percent Reporting Positively from Family Satisfaction Survey

	SFY 2003	SFY 2004	SFY 2005
Access	93.9%	95.1%	85%
Appropriateness	97.6%	98.5%	88%
Effectiveness of Services	97.5%	98.6%	88%
Parental Involvement	95.7%	96.9%	87%

CAFAS Scores of Children Served

The Child and Adolescent Functional Assessment Scale (CAFAS) is a standardized, nationally recognized instrument that measures a child's functioning at school, home and in the community. Scores range from 0 to 240. An increased score indicates a decrease in functioning. A decreased score means an increase in functioning (Appendix B). A CAFAS score is recorded upon initiation of services, at 120-day intervals, and upon completion of services.

Of children who received more than one CAFAS assessment, the following percentages are a comparison of the score upon entry into the system versus the most recent score

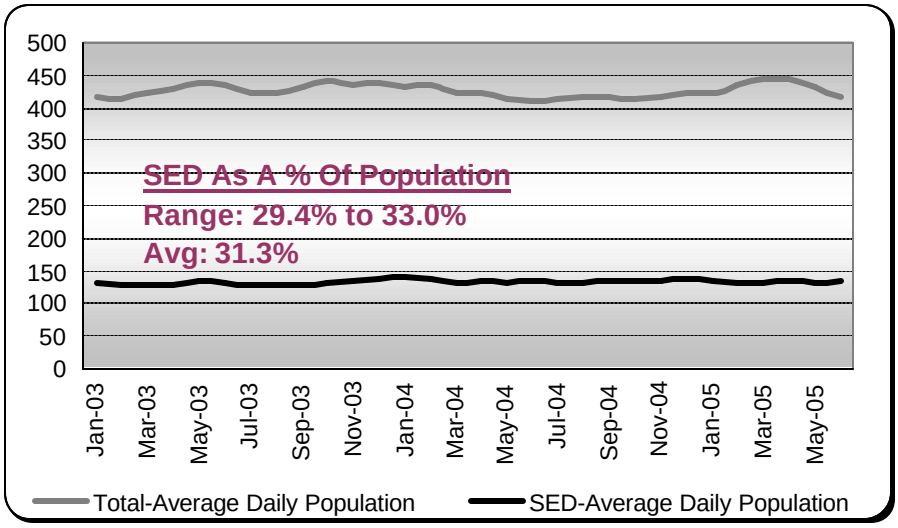
Positive Change in CAFAS Scores

	FY 2003	FY 2004	FY 2005
Percent of children with a positive change in score	55%	63%	68%

Department of Juvenile Corrections (DJC)

The Idaho Department of Juvenile Corrections (DJC) serves youth committed under the Juvenile Corrections Act for community protection, accountability and competency development of adjudicated juvenile offenders. DJC has a legal mandate to provide reasonable medical care, including mental health care, to all juveniles in custody with those needs. DJC continues to identify juveniles in custody who meet the Department of Health and Welfare's definition of having a serious emotional disturbance (SED). Juveniles with SED constitute approximately 30% of those in custody, consistent with the last several years of monitoring. The DJC case managers, clinicians, and clinical supervisors continue to be active participants in the children's mental health councils, both locally and regionally. Several new developments to serve DJC juveniles with SED are described below.

Average number of SED Juveniles



Treatment Foster Care Work Group (TFC)

The Department of Health and Welfare convened an interagency workgroup to explore the possibility of developing a statewide TFC system for children in DHW and DJC custody. Participants in this work group include Medicaid, Family and Community Services and Clinical DHW staff as well as Fiscal, and Community Services DJC staff. An important objective for this group is to identify on-going funding for TFC, specifically Medicaid, in the attempt to leverage state general funds match to federal funds. TFC is an evidenced based practice for juveniles with conduct disorders and is being used in other service delivery systems to partially displace the use of existing group care.

Juvenile Justice/Children's Mental Health Collaboration Work Group

DJC is participating on the Juvenile Justice/Children's Mental Health Collaboration Work Group. The Department of Health and Welfare retained a contracted facilitator for the group, which is expected to remain active for 12 months. Other participants in the group include parents, County Detention and Probation, Family Advocates, DHW staff, as well as clinical staff from State Hospital South. Public Education and others are also represented at these meetings. The purpose of the group is to collaborate and cooperate in planning and developing comprehensive services for children with serious emotional disturbance at risk of or involved in the juvenile justice system. Members of the group provide updates to the ICCMH on a monthly basis.

More Specific Service Plan Goals

DJC Clinical Services Staff implemented a computer-based initial comprehensive assessment report within the last year. This report includes specific goals for juveniles to accomplish while in DJC custody. These service plans include identification of SED, if special education provisions are needed, and provide a goal for the families of the juveniles to accomplish prior to the juveniles returning home.

SED Tracking Tool

DJC case managers are testing a new SED tracking tool. The purpose of the tool is to assist in the care coordination of juveniles across several state departments and related agencies. DHW and Department of Education staff provided input on the tool. Some of the inter-agency collaboration tracked by this tool includes:

- Any staffing by a local CMH council prior to commitment to DJC
- Pre-qualification for CMH services established upon release from DJC custody
- Documents if the Idaho Federation of Families contacted the family while the juvenile was in custody.

Reintegration Specialist

Beginning in December 2004, a number of male SED juveniles received services through a new Residential Treatment Contract with the Idaho Youth Ranch which includes the use of a Reintegration Specialist. The main role of the Reintegration Specialist is to assist families while the juveniles are receiving treatment in placements outside of the home, and to teach skills needed for a more healthy family life once the juvenile returns to the home.

Re-entry Program

The re-entry program helped a number of juveniles with SED successfully return to their home communities this year. In collaboration with the Idaho Department of Vocational Rehabilitation, the Re-entry Program identified four major obstacles for juvenile offenders and their home communities. These obstacles include:

- Affordable safe housing
- Transportation
- Employment
- Mental health counseling
- Medication management

Through these better coordinated and affordable services, more juveniles are becoming stable and productive citizens in their communities after release from DJC custody.

State Planning Council on Mental Health

The State Planning Council on Mental Health continues to support efforts to establish a System of Care for Idaho's children and full implementation of the Jeff D. court plan. Regional/Local councils and the Governor's Coordinating Council for Children and Families are a step in the right direction. We acknowledge the following accomplishments in the system of care:

- The ICCMH has adopted an evidence based business practice model. Wraparound services address individual child's needs with a goal of keeping the child safe and in the home.

- The federal cooperative agreement provides technical assistance to local and regional councils.

- An increase in state dollar allocation allowed the statewide hiring of seven new children's mental health staff, an increase in the foster care budget, and an increase in the children and family services budget.

- Oversight of Medicaid mental health clinic providers and psychosocial rehabilitation providers has been implemented to review the outcomes, the effectiveness, and the degree of family inclusion for children's cases.

We support and are committed to family centered services with system of care management to monitor and evaluate the quality of services provided to Idaho children and their families.

APPENDIX A

IDAHO COUNCIL ON CHILDREN'S MENTAL HEALTH
Definition - Serious Emotional Disturbance (SED) for regional and local councils.

A Serious Emotional Disturbance is defined as a child under the age of 18 [or 21 if served by an Individualized Education Program (IEP)], presenting with a diagnosable condition as determined by the DSM-IV or DSM-IV-TR. A substance abuse disorder or developmental disorder, alone, does not constitute a serious emotional disturbance although one or more of these two disorders may co-exist with a serious emotional disorder. Additionally, the child must have a functional impairment that substantially interferes with or limits the child's role or functioning in the family, community or school. The Child and Adolescent Functional Assessment Scale (CAFAS) or the Preschool and Early Childhood Functional Assessment Scale (PECFAS) will measure functional impairment. A score of 80 or above indicates a substantial functional impairment.

NOTE: The adoption of this definition of SED by the ICCMH does not affect an individual agency's definition of SED or an individual agency's criteria for services.

APPENDIX B

DEPARTMENT OF HEALTH AND WELFARE
Definition of Serious Emotional Disturbance (SED)

To be eligible for Department of Health and Welfare children's mental health services on an ongoing basis, a child or adolescent must have a serious emotional disturbance characterized by a DSM-IV diagnosis as described below and a functional impairment as described below. A standard clinical assessment will be used to gather and document the information needed to determine if a child has a serious emotional disturbance.

DSM-IV Diagnosis:

An Axis I clinical disorder is required. A substance abuse disorder, conduct disorder, or developmental disorder alone does not by itself constitute a serious emotional disturbance, although one or more of these disorders may co-exist with a serious emotional disturbance. Co-existing conditions require a joint planning process that crosses programs and settings. V Codes are not considered an Axis I disorder for purposes of this definition.

Functional Impairment:

The Child Adolescent Functional Assessment Scale (CAFAS) will be used to determine the degree of functional impairment. The child/adolescent must have a full scale score (using all 8 subscales) of 80 or above with a "moderate" impairment in at least one of the following three scales:

A. Self-Harmful Behavior
B. Moods/Emotions
C. Thinking

NOTE: The Department of Juvenile Corrections also uses this definition to determine if a youth is seriously emotionally disturbed.

APPENDIX C

STATE DEPARTMENT OF EDUCATION
Definition of Emotional Disturbance (ED)

A student with emotional disturbance has a condition exhibiting one or more of the five behavioral or emotional characteristics over a long period of time, and to a marked degree, that adversely affects his or her educational performance. The five behavioral or emotional characteristics include:

1. An inability to learn that cannot be explained by intellectual, sensory, or health factors;
2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
3. Inappropriate types of feelings under normal circumstances;
4. A general pervasive mood of unhappiness or depression; or
5. A tendency to develop physical symptoms or fears associated with personal or school problems.

APPENDIX D

COMMONLY USED ACRONYMS

CMH:	Children's Mental Health
DHW:	Department of Health and Welfare
DJC:	Department of Juvenile Corrections
SDE:	State Department of Education
CMHSA:	Children's Mental Health Services Act
ED:	Emotional Disturbance
IDEA:	Individuals with Disabilities Education Act
SED:	Serious Emotional Disturbance
CAFAS:	Child Adolescent Functional Assessment Scale
PSR:	Psychosocial Rehabilitation Services
IEP:	Individual Education Program
RMHA:	Regional Mental Health Authority
DAG:	Deputy Attorney General
MOA:	Memorandum of Agreement
HIPAA:	Health Insurance Portability and Accountability Act
EPSDT:	Early and Periodic Screening Diagnosis and Treatment
IBI:	Intensive Behavioral Interventions
MHA:	Mental Health Authority (DHW/CMH Program)
SOC:	System of Care